



MICHIGAN

DENTAL

HYGIENISTS'

ASSOCIATION

2310 Jolly Oak Road

Okemos, MI 48864-4599

517-381-8557

FAX 517-349-5818

www.mdhatoday.org

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My name is Kathleen Inman. I am speaking in support of the pending substitute HB 4718. I am the Immediate Past President of the Michigan Dental Hygienists' Association, and I work full time as an accelerated dental hygienist for Port Sanilac Dental Care. I have been a hygienist for 37 years and have worked the last 21 years with an On the Job Trained (OJT) dental hygiene assistant, under the supervision of my private practice dentist.

We work so well together as a team, that we are able to provide efficient, caring, exemplary, dental care. Our patients love the attentiveness they receive by our hygiene team and routinely exclaim "this was the best experience I've ever received at a dental office".

*The OJT and I review the charts the day before and note any special needs.

*She seats the patient, reviews their medical history and takes their blood pressure starting at age 12, while I am putting on my glasses, mask and gloves and handing the patient a pre-procedural mouth rinse.

*We take any necessary x-rays together and she processes them while I am reclining the patient back and doing an extra-oral head and neck cancer exam.

*Together we do the intra-oral exam, caries check and risk assessment, full periodontal probing and charting.

*While I am cleaning the patient's teeth and talking about oral hygiene, health and prevention, she is printing out a personalized caries risk assessment sheet, making their next appointment, and posting today's procedures on the computer.

*Whenever we have a patient with special needs or a difficult patient or procedure, she stays by the patient's side, and passes and retrieves instruments, rinses and suctions for the patient especially while using; the ultrasonic, the prophylaxis jet, sealants and fluoride treatments. She holds the patient's hand, talks and explains in a gentle voice, or whatever is necessary, to expedite the procedure and make the experience a pleasant one for the patient.

Thanks to legislation passed in cooperation with the MDA, I routinely perform local anesthesia with the assistance of my OJT, for periodontal scaling and root planning.

We call this "Patient Centered" dental hygiene care. Everything we say or do is for the patient's benefit. With assisted dental hygiene we can deliver the very best possible care, efficiently, safely, concisely, and with care and compassion as a team.

Unfortunately, whenever the doctor is out of the office, I am not legally authorized to utilize the OJT assistant assigned by the supervising dentist. Therefore, whenever he is out of town or on vacation, he appropriately mandates that I am **not** authorized to see patients, which adversely affects my income, as well as his. As a full time employee, we also have a "non-compete" clause, so I am unable to supplement my income while he is out of town.

My doctor believes that my "Hygiene Team" is so efficient and so productive, that it doesn't even pay to "turn the lights on" if I am not utilizing the hygiene assistant. It adversely effects production because I have to have a straight schedule, with additional time allotted for each patient. Usually we have a double schedule, utilizing two treatment rooms, with the hygiene assistant:

- Seating the patient
- Updating the medical history
- Taking and recording blood pressure
- Administrating Pre-Procedural mouth rinse
- Assist taking and developing any necessary X-rays
- Assisting with charting
- Assisting with administrating Anesthesia
- Assisting with sealant placement
- Assisting with fluoride placement
- Pass and retrieve instruments during Scaling and Root Planning
- Suctioning during Ultrasonic usage
- Suctioning during Prophy Jet usage
- Suctioning during Laser usage
- Rinsing and clearing the field throughout procedure
- Reporting findings to the doctor and chart the treatment plan
- Debriefing the patient and escorting them to the front desk

Without the doctor there, I am not authorized to utilize my assistant assigned by the supervising dentist. Therefore she is relegated to just cleaning and setting up rooms. That is extremely frustrating to such a well trained, well oiled team, and it brings the production down so low, that the doctor does not feel he can justify:

- paying my salary with reduced production
- the assistant's salary with reduced functions
- the front desk salary, to answer the phone and check out one patient per hour.

I implore you to consider how this bill is good for the assistant, the hygienist, the doctor and most especially the patient. Providing "patient centered", efficient, cost effective treatment should be our goal regardless of the setting. Please vote "Yes" for this substitute bill in committee, so this can come before the full house.

Thank you,

Kathleen Inman RDA, RDH, BS

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MDHA Immediate Past President